

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016354

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2269 STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS-300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
James H. O'Neil

BY AFFIDAVIT OF

FILED APR 29 1963

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>3409 KENWOOD</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>OLGA CHARLOTTE WILLMAN</b>		4. DATE OF DEATH Month Day Year <b>APRIL 10, 1963</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-1-1890</b>
10a. USUAL OCCUPATION (Give kind of work done of working life, even if retired) <b>RETIRED OFFICE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>COOK PAINT CO.</b>	
11a. BIRTHPLACE (City and state or country) <b>KANSAS CITY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>FRED J. WILLMAN</b>		13b. MOTHER'S MAIDEN NAME <b>MARY B. GOELLOR</b>	
14. NAME OF HUSBAND OR WIFE <b>NONE</b>		16. SOCIAL SECURITY NO. <b>A</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of) <b>NO</b>		17. INFORMANT Address <b>GEORGE WILLMAN 3607 E. 61 St.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of right breast</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>13 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Nov. 18, 1950</b> to <b>April 10, 1963</b> and last saw her alive on <b>April 10, 1963</b> Death occurred at <b>5 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>James H. O'Neil M.D.</b>		22b. ADDRESS <b>425 E 63rd St</b>	
22c. DATE SIGNED <b>4-12-63</b>		23a. BIRTHPLACE (City and state or country) <b>KANSAS CITY, MISSOURI</b>	
23b. DATE <b>4-15-1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>	
23d. LOCATION (City, town, or county) <b>KANSAS CITY, MISSOURI</b>		24. FUNERAL DIRECTOR ADDRESS <b>MUEHLEBACH 6800 TROOST</b>	
25. DATE RECD. BY LOCAL REG. <b>4-15-63</b>		26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	

Reinstructive - Proj. Body - 1 to 4.30 FRI  
1103 GRAND

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Robert L. Landes*

Licensed Embalmer No.

5103

P. O. Address

K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.